



Ryan White Planning Council Membership Application

Directions: Please complete this application, and sign the Statement of Member Commitment. Return the completed form to:

**Planning Council Support
Ryan White Planning Council
4041 North Central Avenue STE 1537
Phoenix AZ 85012
Fax: 602 506-6896**

All information provided is confidential.

All applicants must attend a short informational presentation about the Planning Council before their application can be considered. If you have not attended this presentation prior to submitting this application, please call Planning Council Support at **602 506-5002** to make arrangements to attend an upcoming session.

Contact Information *(please print)*

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home phone: _____

Alternate phone: _____

Preferred way to be contacted between 9:00 am and 5:00 pm?

☐ Home Phone ☐ Alternate Phone ☐ Email

Birthday (month/day only): _____ / _____

May we add you to our email list? ☐ Yes ☐ No

PLEASE NOTE: If you are applying as the representative of an organization, you will be asked to provide a written confirmation, on original company letterhead, that the organization has granted you permission to participate on their behalf.

PLEASE READ AND SIGN THIS SECTION

Statement of Member Commitment

If selected as a member of the Planning Council, I commit to the following:

Check off each statement to show your commitment

- ☐ I confirm that, to the best of my ability, I am able to attend the regularly scheduled monthly Planning Council meeting (currently the second Thursday of each month, from 5:00 pm to 6:30 pm). I will notify Planning Council Support in advance if I am unable to a meeting. **If you are not able to attend the monthly Council meeting on a regular basis, you cannot be considered for Planning Council membership.**
- ☐ I understand that membership on the Planning Council is a three-year commitment. I have considered my personal and professional commitments and do not foresee them as a barrier to my full participation on the Planning Council.
- ☐ I agree to abide by the Bylaws, policies and procedures of the Planning Council.
- ☐ I agree to participate in Planning Council functions from beginning to adjournment.
- ☐ I understand I will need to prepare for meetings by carefully reading all pre-distributed materials.
- ☐ When I make recommendations and/or decisions, I agree to consider the HIV community as a whole, rather than just special interests or my personal perspectives.
- ☐ I agree to disclose any conflicts of interest I may have relative to issues that come before the Council and/or Committees.
- ☐ I certify that all statements and representations made in this application are true and correct.

Signature

Date

Gender:

- ☐ Female
☐ Male
☐ Transgendered
☐ Other

HIV status:

- ☐ Positive
☐ Negative
☐ Choose not to specify
☐ Unknown

Current age:

- ☐ 13 to 19 years ☐ 45+ years
☐ 20 to 44 years ☐ Choose not to specify

Race/Ethnicity:

- ☐ White, not Hispanic
☐ Black, not Hispanic
☐ Asian/Pacific Islander
☐ Hispanic
☐ American Indian/Alaska Native
☐ Multi-race (more than one)
☐ Choose not to specify
☐ Other: _____

Have you received Ryan White Title I funded services within the last six (6) months?

- ☐ **Yes**, I've received Ryan White Title I funded services from: *Check ALL that apply*
- ☐ McDowell Clinic
 - ☐ Public Health Pharmacy (ADAP)
 - ☐ Ryan White Title I Dental Program
 - ☐ An HIV/AIDS service organization
 - ☐ Legal services (HIV/AIDS Law Project)
 - ☐ Food box or group meal program
 - ☐ Behavioral health program
 - ☐ Case management
 - ☐ Choose not to specify
 - ☐ Other: _____
- ☐ **Maybe** — I'm not sure I've received Ryan White Title I funded services.
- ☐ **No**. I do not receive Ryan White Title I funded services.

If you are not HIV positive, does HIV directly affect you (for instance, you have an HIV positive family member/significant other, or you are the caregiver of someone living with HIV)?

☐ Yes ☐ No

Do you speak English? ☐ Yes ☐ Some ☐ No

Do you speak Spanish? ☐ Yes ☐ Some ☐ No

Do you speak any other language (s)? ☐ Yes ☐ No

If yes, what other language (s) do you speak?

Special skills/abilities:

Briefly describe why you wish to become a member of the Ryan White Planning Council:

Can we assist you with any special accommodation (such as transportation assistance, wheelchair accessibility, or translation services) to help you participate fully on the Planning Council?

☐ **No** ☐ **Yes**. I need assistance with:



Are you currently a volunteer at: Check ALL that apply

- ☐ An HIV/AIDS service organization, community-based organization, or any other organization that serves the HIV/AIDS community
- ☐ An organization that does not serve the HIV/AIDS community

If yes to any of the above, what organization?

Do you identify as any of the following:

Check ALL that apply

- ☐ A paid employee for an HIV/AIDS service organization, community-based organization, or any other organization that serves the HIV/AIDS community
- ☐ A Board member, or emeritus Board member, of an HIV/AIDS service organization, community-based organization, or any other organization that serves the HIV/AIDS community
- ☐ A consultant (full or part-time) of an HIV/AIDS service organization, community-based organization, or any other organization that serves the HIV/AIDS community
- ☐ Having a financial interest in an HIV/AIDS service organization, community-based organization, or any other organization that serves the HIV/AIDS community

If yes to any of the above, what organization?

How did you learn about the Ryan White Planning Council?

Statement of Confidentiality

All information in this application is kept confidential. It is seen only by the Planning Council Support staff and, as needed, by members of the Membership Committee and/or the Executive Committee during the application selection process.

Which membership categories do you represent?

Check ALL that apply

General Public (a representative of our community)

- ☐ Affected communities, including persons living with HIV and historically underserved populations
- ☐ Persons with HIV disease or AIDS who have been incarcerated within the last three (3) years, or their representatives
- ☐ Non-elected community leader
- ☐ Elected leader of a local municipality

Service Provider (providing Ryan White Title I funded services)

Organization Name: _____

- ☐ Health care providers, including Federally qualified health centers
- ☐ HIV/AIDS service organization, or community based organization serving affected populations
- ☐ Social service providers, including providers of housing and homeless services
- ☐ Mental health providers
- ☐ Substance abuse providers
- ☐ Local public health agencies
- ☐ Grantees under other Federal HIV programs, including HIV prevention programs
- ☐ Pinal County Health Department

Institutional Member (representing any other organization)

Organization Name: _____

- ☐ AHCCCS
- ☐ Title II ☐ Title III ☐ Title IV
- ☐ Local medical organizations
- ☐ Local social service organization
- ☐ Hospital/health care planning agencies
- ☐ Primary or secondary educational institution, or university
- ☐ Other: _____

OPTIONAL: Do you represent any of the following groups? Check ALL that apply

- ☐ Heterosexual persons
- ☐ Gay, ☐ Lesbian or ☐ Bisexual persons
- ☐ Persons with hemophilia
- ☐ Injection drug users
- ☐ Parents/guardians of HIV infected children

The Application Process

Complete this application, and be sure to sign the Statement of Member Commitment on page 1. Return the completed form to:

**Planning Council Support
Ryan White Planning Council
4041 North Central Avenue STE 1537
Phoenix AZ 85012**

Fax: 602 506-6896

- Once received, your application will be reviewed to ensure it is complete. We will contact you to confirm we have received it.
- Your application will then be added to the group of applications for the Membership Committee to review.
- At each monthly Membership Committee meeting, the membership profile of the Planning Council is reviewed. If new members are needed, the committee will review all of the current applications.
- If your application is chosen, you will be contacted to confirm you wish to participate. If you agree, you will be recommended to the Maricopa County Board of Supervisors (BOS) for appointment to the Planning Council. Generally, it will take about a month for the BOS to approve your appointment. You will also be encouraged to begin taking part in Planning Council activities.
- If we do not choose your application right away, don't worry! New members are appointed as people leave the Council, so sometimes it can take a while. We will keep your application active for future membership reviews, and we will keep you informed of the status of your application. In the meantime, you are welcome to take part in any of our meetings as a member of the public.

Contact the Ryan White Planning Council

Email: PlanningCouncil@mail.maricopa.gov

Phone: 602 506-5002 **Fax:** 602 506-6896

Address: Ryan White Planning Council
4041 North Central Avenue STE 1537
Phoenix AZ 85012

Visit our website at:

www.maricopa.gov/public_health/ryanwhite

About the Ryan White Planning Council

The Phoenix EMA Ryan White Title I HIV Health Services Planning Council is a federally mandated community group appointed by the Maricopa County Board of Supervisors to plan the organization and delivery of Ryan White CARE Act Title I HIV Services.

Title I funds go to Eligible Metropolitan Areas (EMAs) that have been hit hardest by the HIV epidemic. Title I funds are used to meet the emergency service needs of people living with HIV disease that are not met by any other health care programs.

Our Mission

The Phoenix EMA Ryan White Title I HIV Health Services Planning Council is a working consortium of affected and infected community members, service providers and health officials whose mission is to provide a client-centered, culturally competent continuum of care, meeting the needs of those living with HIV/AIDS.

The Phoenix EMA serves Maricopa and Pinal Counties.

Ryan White Planning Council Committees

Allocations: Makes recommendations on service category prioritization and allocation of funds.

Community Planning & Assessment: Plans and conducts research to determine the needs of the HIV positive community. Develops strategic plans and long-term goals.

Education & Empowerment: Obtains information from the community regarding service needs and provides educational forums about Title I funded services, and the activities of the Planning Council.

Standards: Develops standards for services provided by Ryan White Title I funds.

Executive: Charged with the administration of the Planning Council.

Membership: Develops member recruitment and retention strategies. Oversees the member application process.

Rules: Monitors Planning Council compliance with the Council bylaws. Manages conflict-of-interest issues and grievance procedures.

Funded by the Federal Department of Health and Human Services, Health Resources and Services Administration, The Ryan White CARE Act Amendments of 2000 and the Maricopa County Department of Public Health.